



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
PO BOX 811, JEFFERSON CITY, MO 65105-0811
REQUEST FOR CIGARETTE TAX RECORDS

FORM
4592
(REV. 11-2004)

OFFICE USE ONLY

The political subdivision of _____, Missouri, pursuant to the provisions of Sections 32.057 and Chapter 149, RSMo formally requests information pertaining to the administration, collection and enforcement of its cigarette tax.

NOTE: This request is renewable annually by February fifteenth. Make all requests for cancellation in writing, using the political subdivision's letter-head and signed by an official.

IMPORTANT: ATTACH A COPY OF YOUR CIGARETTE TAX ORDINANCE

PROVIDE YOUR ACCOUNT NUMBER FOR THE FOLLOWING REQUESTED SHIPPING METHOD

NEXT DAY AIR – ACCOUNT NUMBER	FEDERAL EXPRESS – ACCOUNT NUMBER
EXPRESS MAIL – ACCOUNT NUMBER	UPS – ACCOUNT NUMBER (OR PROVIDE A SUFFICIENT SUPPLY OF A.R.S. LABELS)

NOTE: THERE IS NO FEE FOR THIS INFORMATION, HOWEVER, ALL POSTAGE AND HANDLING CHARGES MUST BE PAID BY THE REQUESTING POLITICAL SUBDIVISION.

AUTHORIZED INDIVIDUALS

AUTHORIZED INDIVIDUAL RECEIVING REPORT	SIGNATURE OF AUTHORIZED INDIVIDUAL	SOCIAL SECURITY NUMBER	DATE
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MAILING ADDRESS FOR REPORTS

POLITICAL SUBDIVISION		PHONE NUMBER	
STREET	CITY	STATE	ZIP CODE

As chief executive of this political subdivision, I authorize and hereby confirm that the individual(s) named above will receive information on behalf of the political subdivision. We have reviewed and will comply with Chapter 149, RSMo and Section 32.057, RSMo pertaining to the strict confidentiality of all records of the Missouri Department of Revenue to which access has been granted.

NAME OF MAYOR/PRESIDING COMMISSIONER	SIGNATURE	SOCIAL SECURITY NUMBER	DATE
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NOTARY PUBLIC

NOTARY PUBLIC EMBOSSEER SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF 20		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

MAIL COMPLETED FORM TO MISSOURI DEPARTMENT OF REVENUE, DIVISION OF TAXATION AND COLLECTION, P. O. BOX 811, JEFFERSON CITY, MO 65105-0811.

If you have questions or need assistance in completing this form, please call (573) 751-7163 (TDD 1-800-735-2966) or e-mail excise@dor.mo.gov. You may also access this form from the Department's web site: www.dor.mo.gov/tax/business/tobacco/forms/.